

BASINGSTOKE ADVOCACY SCHEME

VOLUNTEER ADVOCATE APPLICATION FORM

Please note that the information given on this form will be kept confidential.

NAME:

ADDRESS:

Telephone Day:

Telephone Evening:

How much time per week could you spare to be an advocate (2-3 hours per week is the average commitment)?

What times during the week would you be available (e.g. days, evenings, weekends)?

What mode of transport do you usually use?

Why would you like to be an advocate?

Basingstoke Advocacy Scheme provides advocacy for a wide variety of people including those disadvantaged through age or physical or mental ill-health. Please outline any qualities or experiences you have that would help you act as an advocate for disadvantaged people:

REFERENCES

Please give details of two people who have known you for at least six months and who are willing to act as a referee. They should not be relatives.

Name:

Name:

Address:

Address:

Your signature:

Date:

Please return this form to:

Campbell Copland or Susan Alexander
BASINGSTOKE ADVOCACY SCHEME
54 SOUTHERN ROAD
BASINGSTOKE
RG21 3EA

email: basadvocacy@btconnect.com
info@basingstokeadvocacy.org.uk

If you have any questions or would like further information, please do not hesitate to contact us, either by writing to the above address or telephoning 01256 328080.